

at the public schools in Long County, Georgia before attending college and seminary training at Morehouse College of Atlanta, GA. Reverend Boyd also served his country courageously as a World War II veteran before he was honorably discharged.

Reverend Boyd began preaching on October 13, 1946 at Engineer Chapel—Schofield Barracks on the Island of Ohau, Hawaii. He has pastored at many churches in Georgia, including the Shiloh Missionary Baptist Church, the birthplace of the 1960s Albany Civil Rights Movement. Despite threats to his person, his family, his home and his church, he allowed a mass meeting to be held at Shiloh that organized local Civil Rights marches. Dr. Martin Luther King, Jr. addressed the overflowing crowds from the pulpit of Shiloh Missionary Baptist Church and now a trail of footprints originating in the front of the church leading to the Albany Bus Station commemorates the Albany Civil Rights marches.

Dr. George Washington Carver once said, "No individual has any right to come into the world and go out of it without leaving behind distinct and legitimate reasons for having passed through it." We are so blessed that the Reverend Horace Boyd passed this way and shared with us his legacy of service that will stand the test of time. Surely, the wealth of wisdom that Reverend Boyd has given to his listeners will forever resonate in their hearts and spirits.

Reverend Boyd has been repeatedly acknowledged for his outstanding achievements, service and public distinction. He served as Dean of the Albany Seminary Extension Center for 25 years, Commissioned Board Member of the Dougherty County Family and Children Services for 27 years and as a past Moderator of the Hopewell Missionary Baptist Association from 1961–1994. He has achieved numerous successes in his life, but none of this would have been possible without the grace of God and his loving wife of sixty years, Ms. Barbara Mae Riles Boyd, who was called Home to be with her Savior in 2010. They have two children, William and Dolores.

Mr. Speaker, my wife Vivian and I, along with the more than 730,000 people in the Second Congressional District of Georgia, would like to extend our deepest sympathies to Rev. Boyd's family, friends, and followers during this difficult time. May we all be consoled and comforted by an abiding faith and the Holy Spirit in the days, weeks and months ahead.

#### PERSONAL EXPLANATION

#### HON. PETER A. DeFAZIO

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 6, 2016

Mr. DeFAZIO. Mr. Speaker, on July 5, 2016, I missed votes due to personal business in my district and was unable to be present and missed the following votes:

On Roll Call vote 343, I would have voted No.

On Roll Call vote 344, I would have voted No.

On Roll Call vote 345, I would have voted No.

On Roll Call vote 346, I would have voted No.

On Roll Call vote 347, I would have voted No.

On Roll Call vote 348, I would have voted No.

On Roll Call vote 349, I would have voted Aye.

On Roll Call vote 350, I would have voted Aye.

H.R. 5456

#### HON. VERN BUCHANAN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 6, 2016

Mr. BUCHANAN. Mr. Speaker, I submit the following extraneous materials on H.R. 5456, the Family First Prevention Services Act of 2016:

ALLIANCE FOR STRONG FAMILIES  
AND COMMUNITIES,  
Washington, DC, June 14, 2016.

Hon. KEVIN BRADY, *Chair*,  
*House of Representatives*,  
*Ways and Means Committee*.  
Hon. VERN BUCHANAN, *Chair*,  
*House of Representatives*,  
*Human Resources Subcommittee*.

Hon. ORRIN HATCH, *Chair*,  
*U.S. Senate*,  
*Senate Finance Committee*.  
Hon. SANDER LEVIN, *Ranking Member*,  
*House of Representatives*,  
*Ways and Means Committee*,  
Hon. LLOYD DOGGETT, *Ranking Member*,  
*House of Representatives*,  
*Human Resources Subcommittee*.  
Hon. RON WYDEN, *Ranking Member*,  
*U.S. Senate*,  
*Senate Finance Committee*.

DEAR CHAIRMAN BRADY AND RANKING MEMBER LEVIN, CHAIRMAN BUCHANAN AND RANKING MEMBER DOGGETT, AND CHAIRMAN HATCH AND RANKING MEMBER WYDEN: The Alliance for Strong Families and Communities thanks you for your leadership and for introducing the Family First Prevention Services Act of 2016. The legislation promotes numerous policy priorities that are consistent with our network's guiding principles for improving child and family safety, permanency and well-being.

We appreciate efforts you have made to address past concerns and to include components that are informed by effective practices in states and localities, technology updates, and current research. These include:

Permitting the use of federal funds to pay for programs across the evidence-based spectrum, and to continue knowledge formation in what works;

Making Title IV-B funds available to states so that they may modernize their Interstate Compact on the Placement of Children (ICPC) services so that so that children may be more quickly and effectively placed in appropriate homes across state lines;

Supporting the National Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation that a 21st Century Child Welfare system require states to develop a statewide plan to prevent child abuse and neglect fatalities;

Requiring the use of an age-appropriate, evidence-based, validated needs assessment to help determine a child's need for behavioral health support through a therapeutic residential treatment setting; and

Engaging families in a child's residentially-based trauma-informed behavioral health treatment to strengthen the likelihood of their success, including establishing a family and permanency team in the initial needs assessment and ongoing progress monitoring.

We are very pleased with the bipartisan, bicameral effort to address child welfare reforms, and specifically, the longstanding policy priority to expand Title IV-E for prevention so that children and parents/caregivers may have access to services and interventions that ensure child safety and build family stability.

While the Alliance enthusiastically supports the Family First Prevention Services Act of 2016, we do believe we have identified a significant technical misalignment within the definition of the Qualified Residential Treatment Program (QRTTP) that, if addressed, would strengthen the bill, increase its effectiveness and mitigate against what we believe to be unintended consequences for children to whom we want to receive the right treatment, at the right time in the most appropriate setting. We fully support the requirement for a QRTTP to use a trauma-informed treatment model, but are concerned about the rigid aspects of the language for QRTTP staffing. The prescription of nursing and clinical staff being onsite during business hours is not consistent with Congress' desire to use evidence in its requirements on states and moves further away from a system that is child- and family-centered and community-based. We believe that QRTTPs must abide by the fidelity elements of the approved, trauma-informed treatment model that they elect to use in accordance with the requirements in the bill and that the current language regarding staffing is inconsistent with the bill's treatment model requirement.

For example, if the fidelity elements of the selected treatment model require licensed or registered nurses to be onsite during business hours and available 24/7, then a QRTTP must meet that requirement. Likewise, if fidelity to an approved model requires a different staffing composition and pattern, then the QRTTP must meet that model's requirements and needs the flexibility to do so.

Therefore, rather than requiring the staff to be onsite during business hours, we recommend an amendment that aligns the treatment model requirement with the staffing requirement. The amendment would require staff to be onsite according to the trauma-informed treatment model being used by the QRTTP. Our commonsense amendment acknowledges that high quality trauma-informed treatment models prescribe staffing patterns that are designed to achieve the outcomes proven by the program model. And, it strengthens the bill's effectiveness toward the greatest chance of success and normalcy for children provided in the most family-like settings possible.

The Alliance's wholehearted support of the Family First Prevention Services Act of 2016 is unqualified and not contingent upon inclusion of the recommended amendment but, if the bill is passed without this amendment we intend to work to build a coalition to change this aspect of the QRTTP requirements prior to implementation of these provisions in Title II in 2019.

Thank you very much for your hard work. We look forward to working with you and encourage you to contact Marlo Nash, Senior Vice President of Public Policy and Mobilization with questions or to request additional information.

Sincerely,

SUSAN DREYFUS,  
*President and CEO.*

#### AAP STATEMENT SUPPORTING THE FAMILY FIRST PREVENTION SERVICES ACT

[6/13/2016 by Benard P. Dreyer, MD, FAAP, president, American Academy of Pediatrics]

"The American Academy of Pediatrics (AAP) commends House Ways and Means